

Alqueria Blanca, 25.02.2011

Honorable James M.Peck

One Bowling Green, New York

NEW YORK – 10004, Courtroom 601

Certificada A.R.

IN REF.: Lehman Brothers Holding INC. - Chapter 11 Case No.08-13555(JMP)-(Jointly Administered) - Received 19.02.2011

1)To: UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

Debtors: LEHMAN BROTHERS HOLDINGS INC.

**Title of objection: EIGHTY-SIXTH OMNIBUS OBJECTION
CLAIM NUMBER 37204 - 10.09.2009**

2)Creditors: CAMPAGNER ANTONELLA

Total debt owed: \$ 67,924.80-

**3)IT SHOLD NOT BE DISALLOWED, EXPUNGED, REDUCED OR RECLASSIFIED
BECAUSE IT IS OWED TO ME.**

**THE LEGAL BASES IS BECAUSE I INVESTED IN BONDS AND THEY ARE OWED TO
ME.**

**4)I SEND YOU A COPY OF THE DOCUMENTATION AS PROOF OF CLAIM No.37204 -
10.09.2009**

**5)MY ADDRESS IS THE SAME AS PREVIOUSLY STATED Re CLAIM No.37204-
10.09.2009**

**CAMPAGNER ANTONELLA
c/DISEMIDADOS 18
07691 ALQUERIA BLANCA - BALEARES - ESPAÑA**

6)THE PERSON WITH AUTHORITY TO RECONCILE OR TO RESOLVE THE CLAIM:

**CAMPAGNER ANTONELLA
c/DISEMINADOS 18
07691 ALQUERIA BLANCA - BALEARES - ESPAÑA
TEL.: 0034-680-514923
PLEASE REPLY EN ITALIAN OR SPANISH**

CAMPAGNER ANTONELLA



EPIQ SYSTEMS
757 THIRD AVENUE
THIRD FLOOR
NEW YORK, NY 10017

P 646 282 2500 F 646 282 2501
757 THIRD AVENUE, NEW YORK, NY 10017
WWW.EPIQSYSTEMS.COM



MAILID *** 0004898986 ***

**** LBH CLMLTR (MERGE2,TXNUM2) 4000083735 ****

CAMPAGNER, ANTONELLA
C/DISEMINADOS 18
ALQUERIA BLANCA BALEARES, 07691 ESPANA

December 02, 2009

ACKNOWLEDGEMENT OF RECEIPT OF PROOF OF CLAIM

This letter serves as acknowledgement that the claim identified below has been recorded by Epiq Bankruptcy Solutions, LLC, the court-approved claims agent, on the claims register in the LEHMAN BROTHERS HOLDINGS INC. case. It is also publically available at the following website address: <http://chapter11.epiqsystems.com/LBH>. To ensure that your claim has been recorded correctly, please review the following information:

Debtor:	LEHMAN BROTHERS HOLDINGS, INC.
Case Number:	08-13555
Creditor:	CAMPAGNER, ANTONELLA
Date Received:	10/09/2009
Claim Number:	37204

Please note that nothing in this Acknowledgement should be construed to mean or imply that your claim is being allowed. The Debtor may elect to object to the identified claim on various grounds.

We strongly encourage you to review your submitted proof of claim on our website at the address listed above. To find your imaged claim, click on the "Filed Claims & Schedules" link at the top of the page, type in your claim number in the "Claim #" field, and click "Search."

WHEN REVIEWING YOUR CLAIM, PLEASE BE AWARE OF ANY PERSONALLY IDENTIFIABLE INFORMATION ("PII") SUBMITTED BY YOU. PII can include information used to distinguish or trace an individual's identity, such as their social security number, biometric records, drivers license number, account number, credit or debit card number (including any passwords, access codes or PIN numbers), etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

The Proof of Claim Form allows for redacted documents. If you identify any PII in your filed claim, please contact us immediately at (646) 282-2400 or via our contact form on our website at <http://www.epiq11.com/contact.aspx> so we may assist you in redacting this information. Please be sure to specify the client/debtor about which you are inquiring.

You may also contact by either of the methods listed above should you have any other questions.

EPIQ BANKRUPTCY SOLUTIONS, LLC

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

CAMPAGNER ANTONELLA
TAX-ID. AA 6475702
ADDRESS: C/DISEMINADOS, 18-07691 ALQUERIA
BALEARES - ESPAÑA
0034/680/514923

Telephone number: Email Address: CANDOMINGO@HOTMAIL.COM

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 67,924,80- (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): X50999969856 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number:

EUROCLEAR REF. 6007609 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

EUROCLEAR A/C 91569 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

Date: 08-09-2009 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Ronald J. Scholl

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

N.B. - WITHOUT PREJUDICE TO THE EXERCISE OF THE LEGAL ACTIONS TO BE EXERCISED AGAINST THE SELLER OF THE TITLES

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors. Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000037204

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor). **CAMPAGNER ANTONELLA**
TAX-ID. AA 6475702
ADDRESS: C/DISEMINADOS, 18-07691 ALQUERIA BLANCA
BALEARES - ESPAÑA

Telephone number: **0034/680/514923** Email Address: **CANDOMINGO@HOTMAIL.COM**

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

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Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

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International Securities Identification Number (ISIN): **X50299969856** (Required)

3. Provide the Clearstream Bank Blocking Number, Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

EUROCLEAR REF. 6007609 (Required)

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Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

EUROCLEAR A/C 91569 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

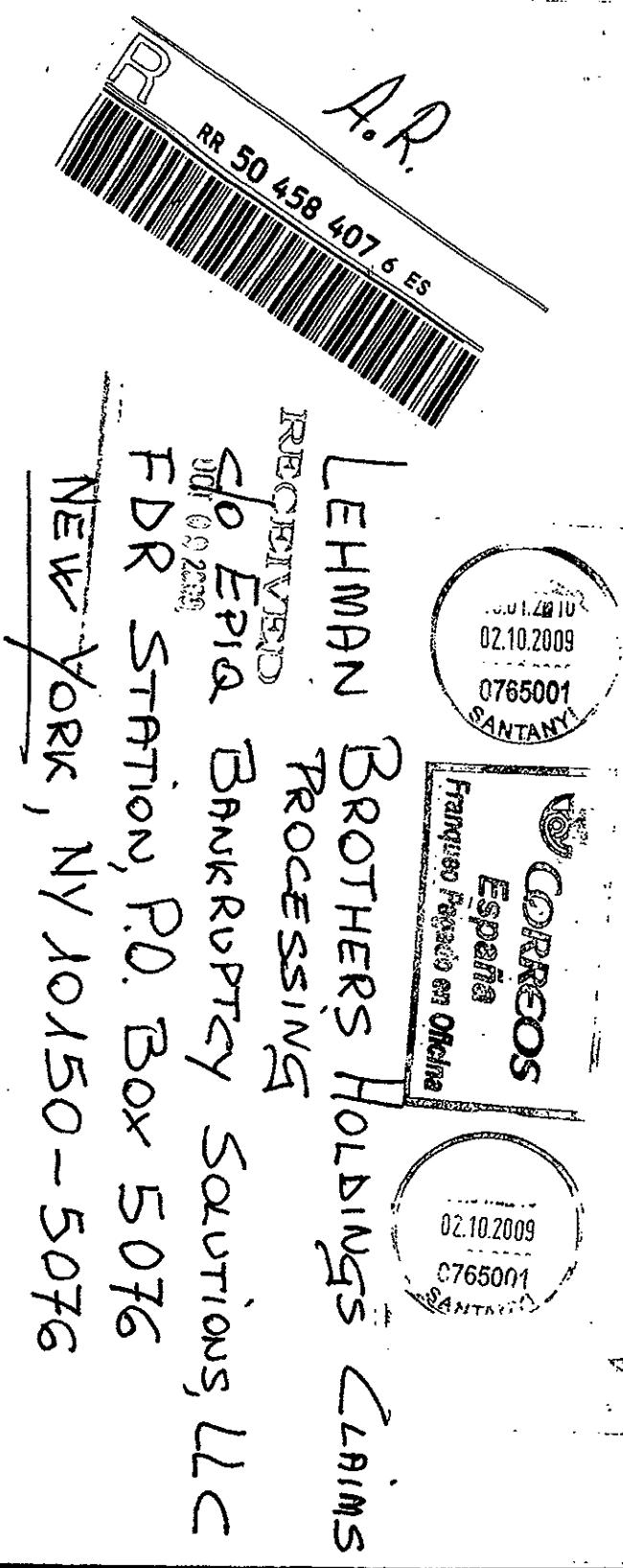
FOR COURT USE ONLY

FILED / RECEIVED	
OCT 09 2009	
EPIQ BANKRUPTCY SOLUTIONS, LLC	

Date: **28-09-2009**
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

N.B. - WITHOUT PREJUDICE TO THE EXERCISE OF THE LEGAL ACTIONS
TO BE EXERCISED AGAINST THE SELLER OF THE TITLES



Banesto

ENTREGADO EL. 07/01/09

BANCO ESPAÑOL DE CREDITO
FELANITX

Nº CL. 2037

07/01/09

BANCO ESPAÑOL DE CRÉDITO S.A., con C.I.F. A28000032, y en su nombre y representación D. Fernando LEYÚN GONZÁLEZ, con N.I.F. 391076F y D. Luis VIGIL MUÑOZ, con N.I.F. 50694696M, según escrituras de apoderamiento otorgadas ante el Notario de Madrid D. Miguel RUIZ-GALLARDÓN GARCÍA DE LA RASILLA con fecha 19 de abril de 2005 y número de protocolo 2861 y ante el Notario D. Félix PASTOR RIDRUEJO con fecha 11 de septiembre de 1991 y número de protocolo 3706 respectivamente, y que figuran debidamente inscritas en el Registro Mercantil de Madrid, por medio del presente:

CERTIFICA

Que al dia 9 de octubre de 2008 mantenemos en depósito en nuestra cuenta de clientes 96606 con EUROCLEAR BRUSSELS los siguientes títulos

48 bonos LEHMAN BROTHERS CAP 5,125 % 09-49 con código ISIN XS0229269856 por EUR 48.000,00 nominales.

Que según consta en nuestros registros, estos títulos son propiedad de nuestro cliente Dª ANTONELLA CAMPAGNER, con documento AA6475702, y figuran depositados en el contrato de valores número 0030 2037 43 0200444 400.

Y para que así conste a los efectos oportunos, se firma el presente en Madrid, a cuatro de noviembre de dos mil ocho.

BANCO ESPAÑOL DE CRÉDITO S.A.

Fernando Leyún

Luis Vigil